State of Idaho

2083843145

Ben Ysursa Secretary of State

LOBBYIST	ANNUAL	REPORT	FORM

To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619) £1110: 5

Page of Page(s)
THIS SPACE FOR OFFICE USE ONLY

		(Type or print of See instructions					SELV. S	MIE II II	ÄH9	li			
Lobby	ist's name and	permanent busine	ess addi	563			Date	prepared	repared Period covered			overed	
Dan	Hollar									- 1	7	year end	ing
816	9 W. Victor	y Rd.						1/3/2005					
Bois	e, ID 8370	9								1		(Day)	(Yr.)
											12	31	04
Item 1	Totali	of all reportat	de exp	enditures made of	incurred b	y Lobb	yist or b	y Lobbyist's Empl	oyer on	behalf of I	obby	ist's Empl	оуег.
Category of Expenditure Raimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity		ing and Travel	* Total Amount for		Proportionate amounts contr Item 3, at bottom of page.)			nributed by each employer (Edentify employers, under L)					
	De Not Have to b		All Employers		Employer No. 1		1	Employer No. 2	Employer No. 3		3	Employer No. 4	
	tainment and Refreshn		s_	56.88	s	56.6	88					•	
			-				_ "		" —		-1	<u> </u>	
LIVIE	g Accommod	ations	l —				- -		l —		-1		
Adve	ortising		_	-			.						
Trave	el		1								- 1		
	-		—				一 ·				-1		
Telep	hone						—I .		<u> </u>		{		
Othe	r Expenses or	Services			1								
							_ ·		_		-		
		Total	s_	56.88	\$	56.	88 s	0.00	\$	0.0	<u>°</u>	s	0.00
	•When the num	ther of employer	l Lyon ar	a reporting for requi	ires multiple	L-2 for	ns to be t	iled a total amount fo	r all eme	lovers shoul	ld be e	ntered on P	use 1.
Item								r or other bolder o					
2	Date			Piace		Ar	nount	Names	of Legisla	atore & Publ	ic Offi	icials in Gr	que
	2/20/04		Sta	atehouse		\$5	6.88	Rep. Mike	Movie	. Rep. St	eve	Smylie.	Rep. Ma:
220,04							k, Rep. Margaret Henbest, Rep. David						
		Ì]		Langhor		-			
		ĺ						Miller, Rep	. Debi	bie Field	, Re	o. Julie I	Ellsworth
								Sen. Mike	Burk	ett, Rep.	Ann	e Pasle	y-Stuart,
								Rep. Ker	neth i	Robison,	Rep	. Cliffor	d Bayer
	_												
	Continued on	attached page(s))					-					
INSTRUCTIONS			Item 3	E	Employer(s) Name(s) and Address(es)								

Who should file this form: Any lobbylst registered under Section 57-6617 Idaho Code.

Filing deadline: Annual report is due on January 31st.

TO BE FILED WITH:

Ben Y sursa
Secretary of State
PO Box 83720
Boise, ID 83720-0080
Phone: (208) 334-2852 Fax: (208) 334-2282

No.4

No.4

No.4

No.4

Item 4				byist or by the lobbyist's er lator, or for or on behalf of			of mon	cy or other rangible or intengible
	D	and:	Amount			Name of Legislator Receiving	or Bene	fited
******						NONE	TO SE TO PERSONAL	200 gg 200 gg 100 gg 100 gg 100 gg 200 g
Item 5	Subject metter of proposed legislation, the number of the Sounds or House Bill, Resolution or other legislative activity in which the Lobbylet was supporting or opposing.				IDENTIFICATION			
Tubica	Code			Appropriation Bill Number	Cook	Subject Agriculture, horticulture,	Code 17	Subject Health service, medicine, drugs
			ive Ideas, Number			farming, and livestock	••	and controlled substances, health
l pres	ent	infor	mation and	the viewpoint	1 02	Amusements, games, athletics and sports	18	insurance, bospitals Higher education
of th			se School	District on	03	Banking, finance, credit and	19	Housing, sensituation, codes
all bi			aling with	education.	04	inyestments Children, minors, youth,	20	Insurance (excluding health insurance)
				022020,		remior citizens	21	Labor, saleries and wages,
					05	Church and religion Consumer affairs	22	collective bargaining Law enforcement, courts,
	į				07.	Replogy, savisoament, pollution,	•	judges, crimes, prisons
	[1	conservation, coning, laid and water use	23 24	License, pomiss
	- 1				08		25	Manufacturing, distribution and services
	ĺ				1 43	Elections, cumpaigns, voting, political parties	26	Natural resources, forest and
	- 1				10	Equal rights, civil rights, minority affairs		forest products, fisheries, mining and mining products
	ı				n	Government, financing,	27	Public lands, parks, recreation
					[axation, revenue, budget, appropriations, bids, fees, funds	28	Social insurance, unemployment insurance, public assistence,
					12	Government, county		Workmen's compensation
	- {				14	Government, federal Government, municipal	29	Transportation, highways, streets and roads
	i				15		30	Utilities, communications,
					10	Government, state		televisions, radio, newspaper, power, CATV, gas
							31	Other (please specify)
						Employer No. 2 signature	2	/-3-05 Desc 1/3/05 Desc 1/3/05
CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaha Code.				Employer No. 3 signature		Dista		
						Employer No. 4 signature		Date